

Section 5 – TOPICAL MODULES

Part A – EDUCATION AND WORK HISTORY

CHECK
ITEM T1

Refer to Control Card item 24.
Is ... 16 years of age or over?

8000

- 1 ☐ Yes
2 ☐ No – SKIP to item 1, page 53

1 a. These next questions are about education, health and work experience.CHECK
ITEM T2

Refer to Control Card item 31a.
Was ...'s highest grade attended at least four years of high school?
(Codes 12–26 in cc item 31a.)

8002

- 1 ☐ Yes
2 ☐ No – SKIP to 1e

1 b. In high school what kind of program did ... follow – was it (Read categories) –

Mark (X) only one.

8004

- 1 ☐ Academic or college preparatory?
2 ☐ Vocational?
3 ☐ Business or commercial?
4 ☐ General?
5 ☐ Some other type – Specify

x1 ☐ DK

c. Did ... complete courses in any of the following subjects in high school?

- (1) Algebra
(2) Trigonometry or geometry
(3) Chemistry or physics
(4) 3 or more years of English composition or literature
(5) 2 or more years of a foreign language
(6) 2 or more years of industrial arts, shop, or home economics
(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing

8006

Yes No DK
1 ☐ 2 ☐ x1 ☐

8008

1 ☐ 2 ☐ x1 ☐

8010

1 ☐ 2 ☐ x1 ☐

8012

1 ☐ 2 ☐ x1 ☐

8014

1 ☐ 2 ☐ x1 ☐

8016

1 ☐ 2 ☐ x1 ☐

8018

1 ☐ 2 ☐ x1 ☐

d. Was the high school that ... attended a public school or a private school?

8020

- 1 ☐ Public
2 ☐ Private
x1 ☐ DK

CHECK
ITEM T3

Refer to Control Card item 31a.
Was ...'s highest grade attended at least one year of college?
(Codes 21–26 in cc item 31a.)

8022

- 1 ☐ Yes – SKIP to 2a
2 ☐ No

1 e. Has ... received a high school diploma?

Include the program known as GED.

8024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T5

2 a. In what year did ... first attend college or university?

8026

1 9

x1 ☐ DK

b. What is the highest degree beyond a high school diploma that ... has earned?

8028

- 1 ☐ PhD or equivalent
2 ☐ Professional degree such as Dentistry, Medicine, Law or Theology
3 ☐ Master's Degree
4 ☐ Bachelor's Degree
5 ☐ Associate Degree
6 ☐ Vocational Certificate or diploma
7 ☐ Has not earned a degree
x1 ☐ DK } SKIP to 2f

c. In what calendar year did ... receive his/her highest degree?

8030

1 9

x1 ☐ DK

d. (SHOW FLASHCARD V)

In what field of study did ... receive that degree?

8032

Code Field of study
Field of study

x1 ☐ DK

CHECK
ITEM T4

Did ... receive a degree higher than a Bachelor's degree?
(Box 1, 2, or 3 marked in item 2b.)

8034

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item T5

2 e. In what calendar year did ... receive his/her Bachelor's degree?

8036

1 9

x1 ☐ DK

} SKIP to Check Item T5

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

(SHOW FLASHCARD V)

2f. In what field of study were the courses that ... took at college or university?

8038

Code

Field of study

g. When was the last calendar year in which ... was a student at a college or university?

8040

1 9

OR

1 ☐ Is still a student

x1 ☐ DK

**CHECK
ITEM T5**

Refer to Control Card item 24:
Is ... 65 years of age or over?

8042

1 ☐ Yes — SKIP to Check Item T9

2 ☐ No

a. Has ... ever received training designed to help people find a job, improve job skills or learn a new job?

8044

1 ☐ Yes

2 ☐ No

x1 ☐ DK } SKIP to Check Item T9

b. Does ... use this training on ...'s (most recent) job?

8046

1 ☐ Yes

2 ☐ No

c. Where did ... receive this training?

Mark (X) all that apply.

8048

1 ☐ Apprenticeship program

8050

2 ☐ Business, commercial, or vocational school

8052

3 ☐ Junior or community college

8054

4 ☐ Program completed at a 4 year college or graduate school

8056

5 ☐ High school vocational program

8058

6 ☐ Training program at work

8060

7 ☐ Military (exclude basic training)

8062

8 ☐ Correspondence course

8064

9 ☐ Training or experience received on previous job

8066

10 ☐ Sheltered workshop

8068

11 ☐ Vocational rehabilitation centers

8070

12 ☐ Other

**CHECK
ITEM T6**

Are 2 or more categories marked in item 3c above?

8072

1 ☐ Yes

2 ☐ No — SKIP to 3e

d. Where did ... receive ...'s latest training?

8074

Enter code from 3c

e. When did ... receive ...'s (most recent) training?

8076

1 ☐ Now attending

2 ☐ 1984

3 ☐ 1983

4 ☐ 1982

5 ☐ 1981

6 ☐ 1980

7 ☐ 1979 or before

x1 ☐ DK

} SKIP to Check Item T9

f. For how many weeks did ... attend this (most recent) program?

8078

Weeks

OR

8080

1 ☐ Less than one week

x1 ☐ DK

g. Who paid for this (most recent) program?

8082

1 ☐ Self or family

2 ☐ Employer

3 ☐ Federal, State, or local government

4 ☐ Someone else

**CHECK
ITEM T7**

Is "1982," "1983," "1984," or "Now attending" marked in item 3e above?

8084

1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

OTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

3h. Since January 1, 1982, has ... received training that was sponsored by any of the following programs —

- | | | |
|--|-------------|---|
| (1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)? | 8086 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK |
| (2) The Work Incentive Program (WIN)? | 8088 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK |
| (3) The Job Corps Program? | 8090 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK |
| (4) The Trade Adjustment Assistance Act? | 8092 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK |

CHECK ITEM T8

Is "Yes" marked for one or more of the programs in item 3h?

8094

- 1 ☐ Yes — Ask 3i—3k for each program marked
 2 ☐ No — SKIP to Check Item T9

	PROGRAM 1		PROGRAM 2	
	Code	Name of program	Code	Name of program
Enter code from 3h and name of training program. →	8096	<input type="text"/>	8116	<input type="text"/>
3i. In what year did ... start his/her (Read name of program) training? <i>If more than one training episode, ask about most recent one first.</i>	8098	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982	8118	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982
j. For how many weeks did ... attend this training program?	8100	<input type="text"/> Weeks	8120	<input type="text"/> Weeks
	8102	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK	8122	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK
k. What type of training program is (was) this? <i>Mark (X) all that apply.</i>	8104	1 <input type="checkbox"/> Classroom training-job skills	8124	1 <input type="checkbox"/> Classroom training-job skills
	8106	2 <input type="checkbox"/> Classroom training-basic education	8126	2 <input type="checkbox"/> Classroom training-basic education
	8108	3 <input type="checkbox"/> On-the-job training	8128	3 <input type="checkbox"/> On-the-job training
	8110	4 <input type="checkbox"/> Job search assistance	8130	4 <input type="checkbox"/> Job search assistance
	8112	5 <input type="checkbox"/> Work experience	8132	5 <input type="checkbox"/> Work experience
	8114	6 <input type="checkbox"/> Other	8134	6 <input type="checkbox"/> Other

CHECK ITEM T9

Is "Worked" marked on the ISS?

8136

- 1 ☐ Yes
 2 ☐ No — SKIP to 4b

4a. These next questions are about the main job that ... was working during the 4-month period.

CHECK ITEM T10

Refer to Check Item E3, page 14 or Check Item S1, page 18.

On ...'s main job, did ... work for an employer or is ... self-employed?

8138

- 1 ☐ Worked for an employer — SKIP to 5a
 2 ☐ Self-employed — SKIP to 5f

4b. In what year did ... last work at a paid job lasting 2 consecutive weeks or more?

8140

1 9 SKIP to 4d

OR

x3 ☐ Never worked for 2 consecutive weeks or more

c. What is the main reason ... never worked 2 consecutive weeks or longer at a job or business?

8142

- 1 ☐ Taking care of home or family
 2 ☐ Ill or disabled
 3 ☐ Going to school
 4 ☐ Couldn't find work
 5 ☐ Didn't want to work
 7 ☐ Other
 x1 ☐ DK

SKIP to item 1, page 53

d. At the time ... last worked 2 consecutive weeks or longer, what was the name of ...'s employer or business?

PGM 8

Name of employer or business

8150

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

4e. What kind of company, business, or industry was (Name of employer or business)?	PGM 8	
	8152	
f. Was that business mainly (Read categories) —	8154	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
g. What kind of work was . . . doing on that job?	8156	
h. What were . . . 's main activities or duties?	8158	
i. Did . . . work for an employer on that job or was . . . self-employed?	8160	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
CHECK ITEM T11	PGM 7	
Is "1983" or "1984" marked in item 4b, page 48?	8162	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6m
CHECK ITEM T12	8164	
Is "Self-employed" marked in item 4i above?		1 <input type="checkbox"/> Yes — SKIP to 5f 2 <input type="checkbox"/> No
5a. About how many persons are (were) employed by . . . 's employer at the location where . . . works (worked)?	8166	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } SKIP to 5d
b. Does (Did) . . . 's employer operate in more than one location?	8168	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5d
c. About how many persons are (were) employed by . . . 's employer at ALL LOCATIONS?	8170	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
d. Is (Was) . . . a member of a labor union at the time . . . worked at that job?	8172	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
e. Is (Was) . . . covered by a union contract at that job?	8174	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
f. For how many years has . . . worked (did . . . work) at that job or business?	8176	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Years OR <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months x1 <input type="checkbox"/> DK
g. What was . . . 's approximate rate of pay before deductions at the time . . . started working at this job? Mark (X) only one.	8182	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Per hour OR \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per week OR \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per month OR \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per year x1 <input type="checkbox"/> DK
	8184	
	8186	
	8188	
	8190	

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

ASK OR VERIFY –

5h. How many hours per week does (did) . . . usually work at this job?

8192

Hours

x1 ☐ DK

i. For how many years has (had) . . . done the kind of work that . . . does (did) on this job?

8194

Years

OR

8196

Months

8198

x1 ☐ DK

CHECK ITEM T13

Is "Worked" marked on the ISS?

8200

- 1 ☐ Yes — SKIP to Check Item T14
2 ☐ No

5j. What was the main reason . . . stopped working for (Name of employer or business)?

Mark (X) only one.

8202

- 1 ☐ Layoff, plant closed
2 ☐ Discharged
3 ☐ Found a better job
4 ☐ Retirement
5 ☐ Did not like working conditions
6 ☐ Dissatisfied with earnings
7 ☐ Family or personal reasons
8 ☐ Did not like location
9 ☐ Other — Specify ↓

CHECK ITEM T14

Is . . . 21 years of age or over?

8204

- 1 ☐ Yes
2 ☐ No — SKIP to item 1, page 53

CHECK ITEM T15

Is 10 or more years marked in 5f?

8206

- 1 ☐ Yes — SKIP to 7a
2 ☐ No

ASK OR VERIFY –

Exclude part-time jobs held at the same time as job entered in 5a through 5i.

6a. Did . . . hold a job before the one we have just talked about?

8208

- 1 ☐ Yes
2 ☐ No — SKIP to 7a

b. What was the name of the employer or business . . . worked for at that earlier job?

PGM 8

Name of employer or business

8250

c. What kind of company, business, or industry was (Name of employer or business)?

8252

d. Was that business mainly (Read categories) —

8254

- 1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

e. What kind of work was . . . doing on that job?

8256

f. What were . . . 's main activities or duties?

8258

g. Did . . . work for an employer on that job or was . . . self-employed?

8260

- 1 ☐ Worked for an employer
2 ☐ Self-employed

h. In what year did . . . START working for (Name of employer or business)?

PGM 7

8262

 1 9

x1 ☐ DK

i. In what year did . . . STOP working for (Name of employer or business)?

8264

 1 9

x1 ☐ DK

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

j. How many hours per week did . . . usually work at this job?

8266

Hours

x1 ☐ DK

k. What was . . . 's approximate rate of pay before deductions at the time . . . stopped working on that job?

Mark (X) only one.

8268

Per hour

OR

8270

Per week

OR

8272

Per month

OR

8274

Per year

8276

x1 ☐ DK

l. How much time was there between the time . . . stopped working for (Name of employer or business) and the time . . . started working at . . . 's current (most recent) main job?

Mark (X) only one.

8278

Weeks

OR

8280

Months

OR

8282

Years

8284

x3 ☐ Nonex1 ☐ DK

1. What was the main reason . . . stopped working for (Name of employer or business)?

Mark (X) only one.

8286

- 1 ☐ Layoff, plant closed
2 ☐ Discharged
3 ☐ Found a better job
4 ☐ Retirement
5 ☐ Did not like working conditions
6 ☐ Dissatisfied with earnings
7 ☐ Family or personal reasons
8 ☐ Did not like location
9 ☐ Other — Specify

a. In what year did . . . first work six straight months or longer at a job or business?

8288

- x3 ☐ Never worked 6 straight months at a job or business
x1 ☐ DK

} SKIP to
Check Item
T16

b. Since (Year entered in 7a) how many years have there been when . . . worked at least 6 months during the year?

8290

x5 All years

OR

 Yearsx1 ☐ DK

c. During the time that . . . has worked, has . . . generally worked full-time or part-time?

8292

- 1 ☐ Full-time
2 ☐ Part-time

**CHECK
ITEM T16**

Refer to Control Card item 24:
Is . . . 65 years of age or older?

8294

- 1 ☐ Yes — SKIP to item 1, page 53
2 ☐ No

a. People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

8296

- 1 ☐ Yes
2 ☐ No — SKIP to item 1, page 53

b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a job or business?

8298

FROM

8300

TO

8302

x1 ☐ DK

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

8c. What was the reason . . . did not work at a job or business during that time?

Mark (X) only one.

8304

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

d. After this first time were there any other periods of 6 months or longer when . . . did not work at a job or business?

8306

- 1 ☐ Yes
2 ☐ No — SKIP to 1, page 53

e. How many other times did this happen?

8308

- 1 ☐ One time
2 ☐ Two times
3 ☐ Three or more times

Ask 8f and 8g for each "Other" time: Maximum of three.

f. When was the (second/third/fourth) time that . . . went 6 months or longer without working at a job or business?

SECOND TIME

8310

FROM

1 9

TO

8312

1 9

OR

8314

x1 ☐ DK

THIRD TIME

8318

FROM

1 9

TO

8320

1 9

OR

8322

x1 ☐ DK

FOURTH TIME

8326

FROM

1 9

TO

8328

1 9

OR

8330

x1 ☐ DK

8g. What was the main reason . . . did not work at a job or business during that time?

8316

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

8324

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

8332

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

NOTES

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY

These next few questions are about . . . 's health.

8334

- 1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?

2a. Does . . . have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?

8336

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T17

b. Is . . . able to do this at all?

8338

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T17**

Is . . . a self-respondent?

8340

- 1 ☐ Yes — Mark 2c through 2e by observation
2 ☐ No — ASK 2c through 2e

2c. Does . . . have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if . . . usually wears one.)

8342

- 1 ☐ Yes
2 ☐ No — SKIP to 2e

d. Is . . . able to do this at all?

8344

- 1 ☐ Yes
2 ☐ No

e. Does . . . have any trouble having his/her speech understood?

8346

- 1 ☐ Yes
2 ☐ No

MARK BY OBSERVATION IF APPARENT.

3. Does . . . generally use an aid to help . . . get around such as crutches, a cane, or a wheelchair?

8348

- 1 ☐ Yes
2 ☐ No

4 a. These next questions ask whether . . . 's health or condition affects . . . 's ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.)

Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?

8350

- 1 ☐ Yes
2 ☐ No — SKIP to 4c

b. Is . . . able to do this at all?

8352

- 1 ☐ Yes
2 ☐ No

c. Does . . . have any difficulty walking for a quarter of a mile — about 3 city blocks?

8354

- 1 ☐ Yes
2 ☐ No — SKIP to 4e

d. Is . . . able to do this at all?

8356

- 1 ☐ Yes
2 ☐ No

e. Does . . . have any difficulty walking up a flight of stairs without resting?

8358

- 1 ☐ Yes
2 ☐ No — SKIP to 4g

f. Is . . . able to walk up a flight of stairs without the help of another person?

8360

- 1 ☐ Yes
2 ☐ No

g. Does . . . have any difficulty getting around outside the house by . . . 's self?

8362

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

h. Does . . . need the help of another person in order to get around outside the house?

8364

- 1 ☐ Yes
2 ☐ No

i. Does . . . have any difficulty getting around inside the house by . . . 's self?

8366

- 1 ☐ Yes
2 ☐ No — SKIP to 4k

j. Does . . . need the help of another person in order to get around inside the house?

8368

- 1 ☐ Yes
2 ☐ No

k. Does . . . have any difficulty getting into and out of bed by . . . 's self?

8370

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T18

l. Does . . . need the help of another person in order to get in and out of bed?

8372

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T18**

Refer to items 4h, 4j and 4l above.

8374

Does . . . need the help of another person in order to get around or get in and out of bed?

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

5a. You mentioned that . . . needed help (getting around/getting in and out of bed.)

Who usually helps . . . (get around/get in and out of bed)?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8376 1 ☐ Relative
- 8378 2 ☐ Friend/neighbor
- 8380 3 ☐ Paid employee
- 8382 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8384 5 ☐ Relative
- 8386 6 ☐ Paid employee
- 8388 7 ☐ Other nonrelative
- 8390 8 ☐ Does not receive help — SKIP to 5c

ASK OR VERIFY —

b. Does . . . (or . . . 's family) pay for any of the help that . . . receives?

- 8392 1 ☐ Yes
- 2 ☐ No

(SHOW FLASHCARD W)

c. What health condition is the main reason . . . has trouble getting around?

- 8394 Code Name of health condition

6a. Because of . . . 's health, does . . . need help to do light housework such as washing dishes, straightening up, or light cleaning?

- 8396 1 ☐ Yes
- 2 ☐ No

b. Does . . . need help to prepare meals for . . . 's self?

- 8398 1 ☐ Yes
- 2 ☐ No

CHECK ITEM T19

Does . . . need help to do housework or prepare meals (is "Yes" marked in either 6a or 6b)?

- 8400 1 ☐ Yes
- 2 ☐ No — SKIP to 8a

7a. Who generally helps . . . with (housework/meal preparation)?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8402 1 ☐ Relative
- 8404 2 ☐ Friend/neighbor
- 8406 3 ☐ Paid employee
- 8408 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8410 5 ☐ Relative
- 8412 6 ☐ Paid employee
- 8414 7 ☐ Other nonrelative
- 8416 8 ☐ Does not receive help — SKIP to 7c

ASK OR VERIFY —

b. Does . . . (or . . . 's family) pay for any of the help that . . . receives with (housework/meal preparation)?

- 8418 1 ☐ Yes
- 2 ☐ No

c. During the past 4 months has . . . received any meals provided by a community service either delivered to home or served in a group setting?

- 8420 1 ☐ Yes
- 2 ☐ No

ASK OR VERIFY —
(SHOW FLASHCARD W)

d. What health condition is the main reason . . . is unable to (do housework/prepare meals)?

- 8422 Code Name of health condition

8a. Does . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?

- 8424 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item T20

b. Who generally helps . . . with such things?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8426 1 ☐ Relative
- 8428 2 ☐ Friend/neighbor
- 8430 3 ☐ Paid employee
- 8432 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8434 5 ☐ Relative
- 8436 6 ☐ Paid employee
- 8438 7 ☐ Other nonrelative
- 8440 8 ☐ Does not receive help — SKIP to Check Item T20

ASK OR VERIFY —

c. Does . . . (or . . . 's family) pay for any of the help that . . . receives in looking after his/her personal needs?

- 8442 1 ☐ Yes
- 2 ☐ No

CHECK ITEM T20

Refer to Control Card item 24.
What is . . . 's age?

- 8444 1 ☐ 15 years — SKIP to 13a
- 2 ☐ 16 to 72 years
- 3 ☐ 73 years or over — SKIP to 13a

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

CHECK ITEM T21	Is "Disabled" marked on the ISS for ...?	8446	1 <input type="checkbox"/> Yes — SKIP to 9a 2 <input type="checkbox"/> No
CHECK ITEM T22	Is "Disabled" marked on the control card for ...?	8448	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9b
9a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8450	1 <input type="checkbox"/> Yes — SKIP to 9c 2 <input type="checkbox"/> No — SKIP to 13a
b.	Does ...'s health or condition limit the kind or amount of work ... can do?	8452	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to 13a
c.	In what year did ... become limited in the kind or amount of work that ... could do at a job?	8454	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> — If 1984 ask 9d, otherwise SKIP to 9e OR 1 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 10a
d.	In what month did ... become limited? <i>Enter numeric code.</i>	8456	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Month
e.	Was ... employed at the time ...'s work limitation began?	8458	1 <input type="checkbox"/> Yes — SKIP to 10a 2 <input type="checkbox"/> No
f.	When was the last time ... worked before ...'s work limitation began?	8460	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> OR 1 <input type="checkbox"/> Had never been employed before work limitation began
10a. ASK OR VERIFY — (SHOW FLASHCARD W) What health condition is the main reason for ...'s work limitation?		8462	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Code Name of health condition
b.	Was this condition caused by an accident or injury?	8464	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T23
c.	Where did the accident or injury take place — was it (Read categories) — <i>Mark (X) only one.</i>	8466	1 <input type="checkbox"/> On your job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In your home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T23	Is "Worked" marked on the ISS?	8468	1 <input type="checkbox"/> Yes — SKIP to Check Item T24 2 <input type="checkbox"/> No
11a.	Does ...'s health or condition prevent ... from working at a job or business?	8470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a
b.	In what year did ... become unable to work at a job?	8472	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> — If 1984 ask 11c, otherwise SKIP to 13a OR 1 <input type="checkbox"/> Has never been able to work at a job SKIP to 13a
c.	In what month did ... become unable to work? <i>Enter numeric code.</i>	8474	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Month } SKIP to 13a
CHECK ITEM T24	Refer to item 8a, page 4. Did ... usually work 35 or more hours per week during the reference period?	8476	1 <input type="checkbox"/> Yes — SKIP to 12b 2 <input type="checkbox"/> No
12a.	Is ... now able to work at a full-time job or is ... only able to work part-time?	8478	1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time
b.	Is ... now able to work regularly or is ... only able to work occasionally or irregularly?	8480	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only occasionally or irregularly

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

12c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?	8482	1 <input type="checkbox"/> Yes, able to do same kind of work 2 <input type="checkbox"/> No, not able to do same kind of work 3 <input type="checkbox"/> Did not work before limitation began
13a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	8484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 14</i>
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	8486	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div>
c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	8488	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. How many nights in all did . . . spend in a hospital during the past 12 months?	8490	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div>
e. How many of these nights were in the past 4 months?	8492	x5 <input type="checkbox"/> All nights <div style="text-align: center;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div> <div style="text-align: center;">OR</div> x3 <input type="checkbox"/> None
14. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	8496	x5 <input type="checkbox"/> All days <div style="text-align: center;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Days</div> </div> <div style="text-align: center;">OR</div> x3 <input type="checkbox"/> None
15a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	8498	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> <div style="text-align: center;">OR</div> x3 <input type="checkbox"/> None – <i>SKIP to 16a</i>
b. How many of these visits or calls were in the past 4 months?	8500	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> <div style="text-align: center;">OR</div> x3 <input type="checkbox"/> None
16a. Is there a particular clinic, health center, doctor's office or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?	8502	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T25</i>
b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i>	8504	1 <input type="checkbox"/> Doctor's office (private doctor) 2 <input type="checkbox"/> VA or military hospital 3 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 7 <input type="checkbox"/> Other – <i>Specify</i> ↓ <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>
CHECK ITEM T25	8506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T27</i>
Refer to item 27a, page 10. Is . . . covered by a private health insurance plan in . . . 's own name?	8508	1 <input type="checkbox"/> Blue Cross/Blue Shield 2 <input type="checkbox"/> Other – <i>Specify</i> ↓ <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> x1 <input type="checkbox"/> DK
17a. We learned earlier that . . . had health insurance. What is the name of . . . 's health insurance plan?	8510	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Does . . . 's health insurance pay for the complete cost of a doctor visit? <i>Mark "No" if policy requires a deductible.</i>	8510	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

CHECK ITEM T26	Is "Medicare" marked on the ISS?	8512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
18a.	We learned that . . . was covered by both Medicare and by a private health insurance plan. Does . . . 's private health insurance plan help pay for hospital bills that are not fully covered by Medicare?	8514	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b.	Does . . . 's private health insurance help pay for doctor bills that are not fully covered by Medicare?	8516	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T27	Refer to item 27b, page 10. Is . . . covered by private health insurance in somebody else's name?	8518	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T29</i> 2 <input type="checkbox"/> No
CHECK ITEM T28	Is "Medicare" or "Medicaid" marked on the ISS?	8520	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T29</i> 2 <input type="checkbox"/> No
19.	I have recorded that . . . is not covered by a health insurance plan. Is that correct?	8522	1 <input type="checkbox"/> Correct INCORRECT — COVERED BY 2 <input type="checkbox"/> CHAMPUS 3 <input type="checkbox"/> CHAMPVA 4 <input type="checkbox"/> Some other plan
(SHOW FLASHCARD X)	20. Which answer on this card best describes why . . . is not covered by health insurance? Mark (X) only one.	8524	1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Can't obtain insurance because of poor health, illness, or age 3 <input type="checkbox"/> Too expensive, can't afford health insurance 4 <input type="checkbox"/> Dissatisfied with previous insurance 5 <input type="checkbox"/> Don't believe in insurance 6 <input type="checkbox"/> Have been healthy, not much sickness in the family, haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other — <i>Specify</i> _____
21.	Were there any periods of time in the past 3 years when . . . was covered by some type of private or government health insurance plan?	8526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
22.	What type of health insurance was this — was it private health insurance or was it some type of government plan?	8528	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Medicaid 3 <input type="checkbox"/> CHAMPUS, CHAMPVA 4 <input type="checkbox"/> Other — <i>Specify</i> _____ x1 <input type="checkbox"/> DK
23a.	When was . . . last covered by health insurance?	8530	1 9 — If 1984 ask 23b, otherwise <i>SKIP to 24a</i>
b.	Which month?	8532	_____ Month
24a.	What was the reason . . . stopped being covered by health insurance?	8534	1 <input type="checkbox"/> Lost job or changed employers 2 <input type="checkbox"/> Spouse (parent) lost job or changed employers 3 <input type="checkbox"/> Death of spouse or parent 4 <input type="checkbox"/> Became divorced or separated 5 <input type="checkbox"/> Became ineligible because of age (i.e. no longer covered by parents' private plan or by Medicaid) 6 <input type="checkbox"/> Other — <i>Specify</i> _____
b.	At the time that . . . stopped being covered by health insurance, did . . . try to find some other type of health insurance?	8536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
c.	What was the reason . . . was unable to find some other type of health insurance? Mark (X) only one.	8538	1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other — <i>Specify</i> _____

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

CHECK ITEM T29	Refer to control card, item 27. Is . . . the designated parent or guardian of children under 18 who live in the household?	8540	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 59			
25a.	Do any of . . . 's children (under 18) have a long lasting physical condition that limits their ability to walk, run, or play?	8542	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 26a			
b.	Which children? Enter children by age, oldest first.	8544	<div>Person No. <div></div><div></div><div></div> Name</div>	8546	<div>Person No. <div></div><div></div><div></div> Name</div>	
	(SHOW FLASHCARD W)				8548	<div>Person No. <div></div><div></div><div></div> Name</div>
c.	What health condition is the main reason (Name of child) has this difficulty?	8550	<div>Code <div></div><div></div> Name of condition</div>	8552	<div>Code <div></div><div></div> Name of condition</div>	
					8554	<div>Code <div></div><div></div> Name of condition</div>
26a.	Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)?	8556	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T30			
b.	Which children? Enter children by age, oldest first.	8558	<div>Person No. <div></div><div></div><div></div> Name</div>	8560	<div>Person No. <div></div><div></div><div></div> Name</div>	
					8562	<div>Person No. <div></div><div></div><div></div> Name</div>
CHECK ITEM T30	Are any children 5–17 years old listed in 25b or 26b?	8564	1 <input type="checkbox"/> Yes — Ask 27 for each child 5–17 years old listed in 25b or 26b 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 59			
27.	Is (Name of child) able to attend a regular school? Enter children by age, oldest first.	8566	<div>Person No. <div></div><div></div><div></div> Name</div>	8568	<div>Person No. <div></div><div></div><div></div> Name</div>	
		8572	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8574	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
				8576	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

NOTES